

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5067HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/05/2011
NAME OF PROVIDER OR SUPPLIER FIRST CARE HOME HEALTH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2801 S VALLEY VIEW STE #15 LAS VEGAS, NV 89102		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a State Relicensure survey conducted in your facility on 1/5/11 and finalized on 1/5/11, in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The patient census was 0. Ten discharged patient records were reviewed. Eleven employee records were reviewed. No home visits were completed.</p> <p>The following deficiencies were identified:</p>	H 00		
H153	<p>449.782 Personnel Policies</p> <p>A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:</p> <p>7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and</p> <p>This Regulation is not met as evidenced by: Based on interview and record review, the home health agency failed to provide annual tuberculin testing pursuant to NAC 441A.375 for 9 of 11 employees reviewed. (Employee #1, #2, #4, #5,</p>	H153		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H153	<p>Continued From page 1</p> <p>#6, #7, #8, #9, and #10).</p> <ol style="list-style-type: none"> Employee #1 was hired on 7/1/08. The employee received a PPD (tuberculin skin test) on 7/1/09. A PPD was given on 9/10/10 with no documented results. Employee #2 was hired on 1/5/10. A Quantifeuron test was negative on 11/15/09. There was no documented evidence of a negative PPD for 2010. The pre-employment physical examination was completed on 2/09 which does not meet the time element of 6 months prior to hire. Employee #4 was hired on 10/25/10. There was no documented evidence a 2 step PPD was completed. There was no documented evidence a pre-employment physical was completed prior to hire. Employee #5 was hired on 9/1/08. The employee received a PPD on 1/16/09. There was no documented evidence of a negative PPD for 2010. There was no documented evidence a pre-employment physical was completed prior to hire. Employee #6 was hired on 10/25/09. The employee received a PPD on 7/11/09. There was no documented evidence of a negative PPD for 2010. Employee #7 was hired on 7/8/08. The employee received a 2-step PPD in 5/09. There was no documented evidence of a negative PPD for 2010. Employee #8 was hired on 1/5/09. A one step PPD was completed on 6/3/09. There was no documented evidence of a negative PPD for 2010. Employee #9 was hired on 12/12/08. A 2 -step PPD was completed in 2/09. There was no documented evidence of a negative PPD for 2010. 	H153			

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H153	Continued From page 2 9. Employee #10 was hired on 10/12/09. The employee received a PPD on 11/3/09. There was no documented evidence of a negative PPD for 2010. Severity: 2 Scope: 3	H153			
H180	449.793 Evaluation by Governing Body 6. The governing body shall provide for a quarterly review of 10 percent of the records of patients who have received services during the preceding 3 months in each services area. The members of the committee must include an administrative representative, a physician, a registered nurse and a clerk or librarian who keeps records. The clerk or librarian shall review the clinical records to ensure that they are complete, that all forms are properly filled out and that documentation complies with good medical practices. The committee shall determine whether the services have been provided to the patients in an adequate and appropriate manner by all levels of service. The committee shall record any deficiencies and make necessary recommendations to the administrator. If the branch offices are small, two or more offices may establish one committee to review cases from each area. Each subunit agency must establish a committee to review cases within its area. Minutes of the committee's meetings must be documented and available for review. This Regulation is not met as evidenced by: Based on interview and document review, the governing body failed to provide for a quarterly review of the records of patients who received services from January 2010 through March 2010. 1. On 1/5/11 at 3:35 PM, the administrator	H180			

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H180	Continued From page 3 acknowledged a quarterly review was not completed on patient records in April 2010. The administrator explained the CHAP survey was completed and the patients had been discharged from service. Scope: 2 Severity: 2	H180			
H188	449.797 Contents of Clinical Records Clinical records must contain: 5. A copy of: (a) The patient's durable power of attorney for health care, if the patient has executed such a power of attorney pursuant to NRS 449.800 to 449.860, inclusive; and (b) A declaration governing the withholding or withdrawal of life-sustaining treatment, if the patient has executed such a declaration pursuant to NRS 449.600. This Regulation is not met as evidenced by: Based on interview and record review, the agency failed to address upon admission if the patient had executed a durable power of attorney for health care for 10 of 10 patients reviewed. (Patients #1 through #10) 1. There was no documented evidence found in 10 of 10 patients medical records regarding a durable power of attorney for health care. 2. On 1/5/11 at 4:00 PM, the administrator acknowledged there was no document to identify if a patient had a durable power of attorney for health care. Scope: 3 Severity: 2	H188			
H195	449.800 Medical Orders	H195			

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H195	<p>Continued From page 4</p> <p>2. Initial medical orders, renewals and changes of orders for skilled nursing and other therapeutic services submitted by telephone must be recorded before they are carried out. All medical orders must bear the signature of the physician who initiated the order within 20 working days after receipt of the oral order.</p> <p>This Regulation is not met as evidenced by: Based on interview, record review and document review, the agency failed to ensure physician orders were signed within 20 days for 7 of 10 patients (Patient #2, #4, #6, #7, #8, #9 and #10).</p> <p>1. Patient #2 was admitted to the agency on 2/22/10. The physician orders were not signed for 3/1, 3/17, 3/25 and 4/12/10. This included the discharge order.</p> <p>2. Patient #4 was admitted to the agency on 2/23/10. The physician orders were not signed for 3/5, 3/9, 3/29, 3/30 and 4/5/10. This included the discharge order.</p> <p>3. Patient #6 was admitted to the agency on 3/30/10. The physician discharge order was not signed on 4/10/10.</p> <p>4. Patient #7 was admitted to the agency on 2/10/10. The physician orders were not signed for 2/12 and 4/5/10. This included the discharge order.</p> <p>5. Patient #8 was admitted to the agency on 2/24/10. The physician orders were not signed for 3/2, 3/5, 3/23 and 4/24/10. This included the discharge order.</p> <p>6. Patient #9 was admitted to the agency on 3/6/10. The physician orders were not signed for 3/6, 3/7 and 4/9/10. These included the admit and discharge orders and therapy orders for PT.</p> <p>7. Patient #10 was admitted to the agency on 3/10/10. The physician orders were not signed for 3/10, 3/12, 3/18 and 4/10/10. These included the admit and discharge orders and therapy</p>	H195			

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H195	Continued From page 5 orders for Occupational Therapy, Physical Therapy and Home Health Aid. 8. On 1/5/11 at 2:45 PM, the administrator acknowledged the agency's office receptionist sent the orders to the physician's office for signature but did not follow up with the physician. Scope: 3 Severity: 2	H195			

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